
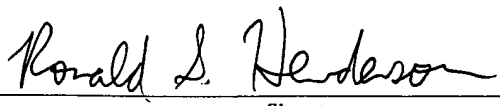
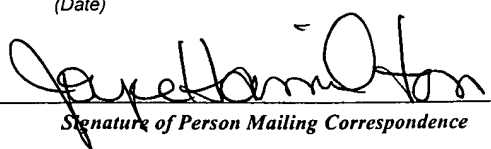


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|   |                                     |                              |   |                          |                          |
|---|-------------------------------------|------------------------------|---|--------------------------|--------------------------|
| <b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>  |                                     |                              |   | Docket No.<br>7175-74606 |                          |
| Applicant(s): David C. Newkirk, et al.  |                                     |                              |   |                          |                          |
| Application No.<br>10/802,287   | Filing Date<br>March 17, 2004       | Examiner<br>Robert G. Santos | Customer No.<br>23643   | Group Art Unit<br>3673   | Confirmation No.<br>3619 |
| Invention: <b>RADIAL ARM SYSTEM FOR PATIENT CARE EQUIPMENT</b>  |                                     |                              |   |                          |                          |
| <br><b>COMMISSIONER FOR PATENTS:</b>   |                                     |                              |   |                          |                          |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.   |                                     |                              |   |                          |                          |
| <b>CLAIMS AS AMENDED</b>  |                                     |                              |   |                          |                          |
|   | CLAIMS REMAINING<br>AFTER AMENDMENT | HIGHEST #<br>PREV. PAID FOR  | NUMBER EXTRA<br>CLAIMS PRESENT  | RATE                     | ADDITIONAL<br>FEE        |
| TOTAL CLAIMS  | 52 -                                | 66 =                         | 0   | x \$50.00                | \$0.00                   |
| INDEP. CLAIMS   | 8 -                                 | 8 =                          | 0   | x \$200.00               | \$0.00                   |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>  |                                     |                              |   |                          | \$0.00                   |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>  |                                     |                              |   |                          | <b>\$0.00</b>            |
| <input checked="" type="checkbox"/> No additional fee is required for amendment.<br><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____<br><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>10-0435</b><br><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.<br><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038. |                                     |                              |   |                          |                          |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |                                     |                              |   |                          |                          |
| <br>_____<br>Signature   |                                     |                              | Dated: January 18, 2006   |                          |                          |
| <b>Ronald S. Henderson, Esq.</b><br><b>Barnes &amp; Thornburg LLP</b><br><b>11 South Meridian Street</b><br><b>Indianapolis, IN 46204</b><br><b>(317) 231-7341</b>  |                                     |                              | <div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p style="text-align:center">1/18/2006<br/>(Date)</p><p style="text-align:center"><br/>_____<br/>Signature of Person Mailing Correspondence</p><p style="text-align:center"><b>Joyce Hamilton</b><br/>_____<br/>Typed or Printed Name of Person Mailing Correspondence</p></div> |                          |                          |
| CC:   |                                     |                              |   |                          |                          |



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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

*Customer No.* 23643

*Group:* 3673

*Confirmation No.:* 3619

*Application No.:* 10/802,287

*Invention:* RADIAL ARM SYSTEM FOR  
PATIENT CARE EQUIPMENT

*Inventor:* David C. Newkirk, et al.

*Filed:* March 17, 2004

*Attorney*

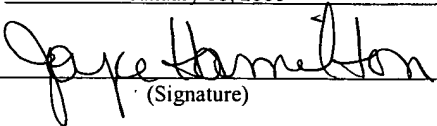
*Docket:* 7175-74606

*Examiner:* Santos, Robert G.

Certificate Under 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on January 18, 2006

  
(Signature)

Joyce Hamilton  
(Printed Name)

**AMENDMENT**

**Mail Stop Amendment**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 28, 2005, please amend the above identified application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks** begin on page 11 of this paper.

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